

RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

Frostburg State University Tour

Tuesday, November 6, 2018

8:00am-6:00pm

Activity Center at Bohrer Park

506 S Frederick Ave
Gaithersburg, MD 20877

Student Union & Forever Sisters (Grades 9-12)

StudentUnion@gaithersburgmd.gov
301-258-6350 (office)
301-948-8364 (fax)
506 South Frederick Avenue
Gaithersburg, MD 20877



Take a guided tour of Frostburg State University. Speak with current students, see dorms, classrooms, the Student Union, and enjoy lunch at one of the dining halls. Lunch is included.
Space is limited—Register early!

Student Union & Forever Sisters - FSU Tour 11.6.18

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐
Email _____

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			FSU Tour	ACBP		
			FSU Tour	ACBP		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐
Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ n/a _____ Cash ☐ Check # _____
Visa/MC/Disc/Amex# _____ Exp. ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: fwd to Maura

Rec'd: _____ Initials _____
W P M F Resident: Y N
Pr: _____ Date: _____